

**STOP PAYMENT REQUEST ORDER**

Today's Date \_\_\_\_\_ Time \_\_\_\_\_ a.m. Account Type: Consumer  
p.m. Corporate  
Account Name \_\_\_\_\_ Contact Phone No. \_\_\_\_\_  
Payable To \_\_\_\_\_ Transaction Amount \$ \_\_\_\_\_  
Expected Clearing Date of Item(s) \_\_\_\_\_ Reason for Stop Payment \_\_\_\_\_  
Account Number \_\_\_\_\_ Check Serial No.(s) \_\_\_\_\_ Date Check(s) Written \_\_\_\_\_  
*If known* *If applicable* *If applicable*

*Terms and Conditions:* On the terms hereinafter set out, the undersigned account holder hereby instructs \_\_\_\_\_  
(financial institution name), hereinafter called "the Financial Institution", to stop payment on the below transaction(s).

**One ACH Payment (Consumer Account)**

The stop payment order shall remain in effect until the earlier of:

- (1) Written notice being received from the account holder to revoke the stop payment order; or
- (2) The return of the debit entry.

**Recurring ACH Payment (Consumer Account) (Recurring PPD, TEL, WEB or IAT ONLY)**

The account holder authorized \_\_\_\_\_ (company name), hereinafter called "the Company", to originate one or more ACH entries to debit funds from the above account.

(A) On \_\_\_\_\_ (date), the account holder revoked that authorization by notifying the Company in the manner specified in the authorization; or

(B) The account holder will be notifying the Company on \_\_\_\_\_ (date) in the manner specified in the authorization.

By checking this box, the account holder is required to provide written confirmation of the revocation with the Company to the Financial Institution within 14 calendar days from today's date. If the Financial Institution does not receive the required written confirmation, the stop payment order will cease to be binding and subsequent debits to the account will be honored.

The stop payment order shall remain in effect until the earlier of:

- 1) Written notice being received from the account holder to revoke the stop payment order; or
- 2) The return of all debit entries.

**One ACH Payment (Corporate Account)**

The stop payment order shall remain in effect until the earlier of:

- (1) Written notice being received from the account holder to revoke the stop payment order;
- (2) The return of the debit entry; or
- (3) Six months from the date of the stop payment order, unless it is renewed in writing.

**Check**

The stop payment order shall remain in effect for six months.

A charge, as reflected, will be assessed to the account holder as payment for implementing this order. Fee Assessed \$ \_\_\_\_\_  
By directing the Financial Institution to stop payment on the above transaction(s), the account holder agrees to hold the Financial Institution harmless against any and all loss, claims, damages, and costs, including court costs and attorney's fees, that the Financial Institution may suffer or incur by reason of non-payment of the above transaction if presented prior to withdrawal of these instructions or expiration thereof. The account holder understands that the stop payment request must be received at least three (3) business days before a scheduled debit(s) or in time to give the Financial Institution reasonable time to act upon it. The account holder also understands that it is necessary to provide the correct information related to the transaction(s) and that failure to do so may result in the payment of the above item(s). The account holder agrees to hold harmless and indemnify the Financial Institution for all expenses, costs, and damages incurred by payment of the above item(s) if such payment is the result of failure of the account holder to meet the time requirements noted above, or if such payment is the result of failure of the account holder to furnish any item of information requested above completely, accurately and correctly.

I am an authorized signer, or otherwise have authority to act, on the account identified in this statement. I attest that the debit above was not originated with fraudulent intent by me or any person acting in concert with me. I have read this statement in its entirety and attest that the information provided on this statement is true and correct.

Date \_\_\_\_\_ Account Holder Signature \_\_\_\_\_ Print Name \_\_\_\_\_

I (account holder) release the Financial Institution from its obligation to stop payment on the above transaction(s).

Date \_\_\_\_\_ Account Holder Signature \_\_\_\_\_ Print Name \_\_\_\_\_

**For Financial Institution Use Only**

Verbal Stop Payment Request Accepted on \_\_\_\_\_ By \_\_\_\_\_

Signed Stop Payment Request Accepted on \_\_\_\_\_ By \_\_\_\_\_

Written Confirmation of Revocation Received on \_\_\_\_\_ By \_\_\_\_\_